



Regulatory Office:
505 Eagleview Blvd.
Suite 100
Dept.: Regulatory
Exton, PA 19341-1120
800-688-1840

COMPANY PROVIDING COVERAGE:

Greenwich Insurance Company

Commercial Excess/Umbrella Liability Certificate Holder Declarations

(If coverage listed in the schedule of underlying insurance of this policy applies on a claims-made basis, then this policy shall apply claims-made subject to the retroactive date stated in Item 5 of this declarations page.)

Certificate Number: PPP7447633

This Certificate Forms a Part of Master Policy Number: PPP744000205

Renewal of Certificate Number: PPP7447633

Renewal of Master Policy Number: PPP744000204

1: **Certificate Holder:** Gulfstream Villas Owners Assoc. Inc.

Address: 1771 Gulfstream Avenue Building A

City/State/Zip: Fort Pierce, FL 34949

is:

☐

Individual

☐

Partnership

☒

Corporation

☐

Joint Venture

Other _____

2: Certificate Period:

From: 06/08/2018

To: 06/08/2019

12:01 A.M. standard time at your mailing address shown above.

3: Certificate Premium: \$1667.00

3a: Certificate Premium For Certified Acts of Terrorism: Included In Certificate Premium Above

3b: Surcharge: N/A

4: Limits of Insurance:

(a) Each **Occurrence** \$ 15,000,000

(b) **Products Completed Work Hazard** \$ 15,000,000

Aggregate (Where applicable)

(c) General Aggregate \$ 15,000,000

(d) Self-Insured Retention or Retained Limit \$ 0

Occurrence

5: Retroactive Date Where applicable

As per Schedule of Underlying Insurance

(applicable to **Claims Made** Coverages)



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**Commercial Excess Follow Form And Umbrella Liability Policy
Certificate Holder Schedule Of Underlying Insurance**

Effective Date Of This Schedule: 06/08/2018		Attached To And Forming Part Of Certificate Number: PPP7447633	
UNDERLYING INSURER	TYPE OF COVERAGE	LIMITS OF LIABILITY	
a. Name: Philadelphia Policy Number: PHPK1642662 Term: 06/08/2018 to 06/08/2019	Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence		
		\$ 1,000,000	each Occurrence
		\$ 2,000,000	General Aggregate
		(Other than Products Completed Operations)	
		\$ 2,000,000	Products Completed Operations Aggregate
b. Name: Philadelphia Policy Number: PHPK1642662 Term: 06/08/2018 to 06/08/2019	Automobile Liability	\$ 1,000,000	Combined Single Limit
		HNOA Only	
c. Name: PMA Policy Number: 201701058868 Term: 06/08/2018 to 06/08/2019	Employers' Liability	Coverage B – Employers' Liability	
		Bodily Injury by Accident	
		\$ 500,000	each Accident Disease
		Bodily Injury by Disease	
		\$ 500,000	each Policy
		Bodily Injury by Disease	
		\$ 500,000	each Employee
d. Name: Travelers Policy Number: 105954821 Term: 06/08/2018 to 06/08/2019	Directors & Officers Liability <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence		
		\$ 1,000,000	each Occurrence
		\$ 1,000,000	Aggregate
e. Name: Excluded Policy Number: Term: to	Stop Gap Employers' Liability	Bodily Injury by Accident	
		\$	each Accident Disease
		Bodily Injury by Disease	
		\$	each Policy
		Bodily Injury by Disease	
		\$	each Employee